Patient Information Policy

This policy sets out the process for developing, producing, and reviewing accessible written information for patients and carers.

It also covers the recording of what patient information has been provided in patient records.

Key words: Patient information leaflet, PIL, accessible, easy read, easy write, reasonable adjustment digital flag (RADF).

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Approved by: Patient and Carer Experience Group (PCEG)

Ratified By: Quality Forum

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Contents

1.0 Quick look summary

Information is an important part of the patient journey and a key element in the overall quality of patient and carer experience of the NHS. It plays a significant part in providing patients and carers with the information they need to make informed decisions about healthcare and provide their informed consent. Leicestershire Partnership NHS Trust (LPT) recognises the importance of and is committed to providing clear, meaningful, and accurate patient information, which can be provided in the format most accessible to the individual patient/carer.

This Policy also relates to the requirements of the reasonable adjustments digital flag (replaces the accessible information standard) which ensures that people who have a disability or sensory loss (hearing impairment, visual impairment, cognitive impairment, speech difficulty affecting their communication or learning disability) receive information that they can access and understand, for example in large print, Braille or via email together with professional communication support if they need it, for example from a British Sign Language interpreter. The Policy also informs our service users and their carers (where appropriate) about what they can expect from us.

The Standard requires organisations that provide NHS or adult social care to:

- Ask people if they have any information or communication needs, and find out how to meet their needs
- Record that the question has been asked even when it is answered with a negative
- Record those needs clearly and in a set way
- Highlight or flag the person’s file or notes so it is clear that they have information or communication needs and how to meet those needs
- Share people’s information and communication needs with other providers of NHS and adult social care when they have consent or permission to do so.
- Take steps to ensure that people receive information which they can access and understand and receive communication support if they need it.

This policy sets out the standards and procedures for LPT which will ensure staff are able to comply with all relevant standards and guidance affecting patient information. It provides staff with:

- The pathway any written patient information must follow to achieve compliance with standards
- Checklists (guidance) of what information should be included.

Help and advice available from lpt.patientinformation@nhs.net including how to provide information in accessible formats (once clinical governance sign-off has been gained).

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy.

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
4	May 2012	Version 4 has been developed for the new organisation – harmonising and replacing the three former organisational policies which have been electronically archived by the Policy Administrator.
5	October 2014	FYPC Division now puts all patient information. through the relevant clinical governance group in line with all other divisions. Necessary changes have been made to the pathway and tracking sheet to reflect this. All reference to the recording of what information has been given to the patient in their medical notes has been removed. Specialist audit about easy read information within the LD division has been aligned with the other divisional audits so has been removed. A statement has been added on page 13 regarding the reliability of the language translation facility on NHS Choices and the number of languages available rose from 53 to 80. All references to NHS Direct as a health information provider have been removed. Authors are now asked to notify communications of when their information will be reviewed by CGG to avoid delays (5.6). All references to an external provider of translation services have been removed as a result of the cessation of our contract with Pearl Linguistics.
6	January 2017	Change to CQC Fundamental Standards. Changes made to reflect the Accessible Information Standard: From 1st August 2016 onwards, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand and with support so they can communicate effectively with health and social care services. As part of this, it is now an essential requirement to record any difficulty with communication that is due to a disability, impairment, or sensory loss in the patient record and to also record what information has been given to the patient and in what format. The former toolkit elements of this policy have now been removed and have been added to LPTs Communication Toolkit .
7	October 2020	• To include generic email contacts for Clinical Governance • To reflect that LD services now align with FYPC. • To include support offered by patient experience team in co-design.

Version number	Date	Comments (description change and amendments)
		• To ensure that authors identify a contact within their service, who can be contacted if information needs to be translated or supplied in a different format • To ensure that authors identify the web administrator who will upload the leaflet to the relevant webpage if appropriate. • To ensure that the accessibility statement appears in the top five languages spoken by our communities • To include information for patient information produced jointly with UHL. To change checklists to guidance checklists
8	June 2022	All email addresses updated to nhs.net
9	September 2023	Review to devolve production of patient information to individual services with directorate clinical sign-off.
9a	October 2025	• Change any mention of the accessible information standard (AIS) to the reasonable adjustments digital flag (RADF). • Relink the template to new design and use of Co-pilot • Training available on ULearn added.
9b	December 2025	• Removal of patient information specialist • Uploading of signed off information to revert back to web administrators • Introduction of clinical governance checklist

1.2 Key individuals involved in developing and consulting on the document

Name	Designation
Accountable Director	Anne Scott
Author(s)	Di Graham
Implementation Lead	Di Graham
Core policy reviewer group	Patient and Carer Experience Group
Wider consultation	Directorate Clinical Governance Leads
	Directorate Patient and Carer Experience Groups
	Head of Equality, Diversity, and Inclusion
	Trust Policy Experts

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Patient and Carer Experience Group (PCEG)	Quality Forum

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy.

1.6 Definitions that apply to this policy.

Patient information or patient/carer- facing information	Information provided to patients/carers which has traditionally. been supplied in the following formats (including all translated/converted formats): leaflets, booklets, factsheets or posters about services, conditions, operations, treatments and investigations, medication, and health improvement topics. It does not cover information about patients, such as medical or personal information (including letters) and excludes information on our website and intranet unless the information is a patient information leaflet/poster/factsheet. Please note: Patient information produced by Leicestershire Nutrition and Dietetic Service (LNDS) is covered by the LNDS Guidelines for producing new resources and not by this policy.
Talk and Listen Group	A group of people with learning disabilities who check our easy read information and tell us what they understand from it and how it can be improved.
Reader Panel	A group of members of the public who have offered to look at patient information and provide feedback on how easy it is to understand and suggest ways of improving its readability.
Stakeholder	An individual or organisation with an interest in the subject of the document, e.g. staff, staff side representatives, service users, carers, commissioners.
E-newsletter	A newsletter circulated to all LPT staff weekly via email and cascaded to staff who do not have access to email.
The Accessible Information Standard/reasonable adjustment digital flag	The reasonable adjustment digital flag (RADF) replaces the Accessible Information Standard which aimed to ensure that people who have a disability or sensory loss receive information that they can access and understand, for example in large print, Braille or via email together with professional communication support if they need it, for example from a British Sign Language interpreter. The Standard requires organisations that provide NHS or adult social care to: 1. Ask people if they have any information or communication needs and find out how to meet their needs. 2. Record those needs clearly and, in a set, way 3. Highlight or flag the person’s file or notes so they have information or communication needs and how to meet those needs.

	4. Share people's information and communication needs with other providers of NHS and adult social care when they have consent or permission to do so. 5. Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.
Easy read	Easy Read is one way of making information more accessible to people with learning disabilities. It is a combination of pictures and easy words. Easy Read is also known as: • Making information easier • Simple words and pictures • Easy Write • Easy Info • Easy Access • Easier to understand information.
Interpreter	A person who translates speech orally into a different language or into British Sign Language (BSL) or other signed languages – available through Ujala Resource Centre.
Large print	Large print is significantly bigger text – a minimum of 16 point. This may be large enough for people who have some useful sight, but who struggle to read regular print. If you are thinking of producing material in large print for someone, check with them first to see what size of font they are comfortable reading. Some people may prefer audio.

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision;
- have received sufficient information to take it and not be acting under duress.

Due Regard: Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

2.0 Purpose and Introduction/Why we need this policy

The purpose of this policy is to set out the arrangements for managing the risks associated with patient information and standards for the development of written information for patients to allow them to make an informed choice in relation to their care.

This policy outlines the processes for developing, managing, and reviewing patient information (patient/carer-facing information) in LPT to ensure consistently high quality and compliance with standards.

By providing good patient information, we can:

- enable people to make informed decisions, giving them time to go away, access the information that is relevant to them, and think about the issues involved.

- involve patients in their condition and their treatment (research has shown that good information can improve medical outcomes1 and reduce patient anxiety, and that patients want access to it).
- give patients confidence, improving their overall experience of the NHS
- remind patients what the healthcare professional treating them has told them if, due to stress or communication difficulties, they are unable to remember.
- help to make sure that patients arrive on time and are properly prepared for appointments, procedures or operations.
- ensure that patients know how to cancel appointments if they need to.
- help to manage patient expectations.
- engage with people and support them to get involved.

This policy also ensures that the involvement of patients/carers/relatives to co-design information is a standard part of the process for every leaflet we produce.

This policy sets out the steps staff should take when identifying or developing information for patients/carers and provides guidance on best practice.

The policy:

- Provides a documented process for the identification and development of written patient information
- Supports a consistent approach to the development of that information
- Aims to raise the standard of written information available to the patient
- Supports equal access to information
- Supports compliance with Care Quality Commission (CQC) Fundamental Standards, the Equality Act 2010, and the reasonable adjustment digital flag.

This policy refers to all written patient/carer-facing information that is produced by the organisation (as defined in 1.5 above).

Core standards to produce patient information are taken from the National NHS Identity Guidelines https://www.england.nhs.uk/nhsidentity/

The policy outlines the duties/responsibilities of members of staff involved with the development and review of patient information.

This policy provides the standards which must be achieved and will provide assurance that all patient information which follows the pathway is compliant with all relevant legislation, statutory requirements, and best practice.

This policy aims to:

1) Ensure all patient information is developed in a standardised way and in a recognisable Trust style and format.

2) Address the legislative requirements of the reasonable adjustment digital flag which aims to ensure that people who have a disability or sensory loss receive information that they can access and understand. This may include large print, Braille or via email together with professional communication support if they need it (e.g., from a British Sign Language interpreter) and to have sufficiently long appointments to enable effective communication.

3) Ensure that patient information published digitally on our website is accessible and complies with WCAG (web content accessibility guidelines) 2.1 and 2.2.

4) Ensure patient information is entered onto a directorate database which feeds a central database and held/archived centrally.

5) Ensure all patient information is issued with an identification number.

6) Ensure all relevant patient information has gone through an appropriate governance route, providing a rigorous approval process.

7) Ensure patient information:

- is clear, straightforward, and consistent with current evidence,
- is accessible,
- is honest and respectful and does not discriminate on grounds of age / race / disability / gender / gender reassignment / marriage and civil partnership / religion and belief / ethnicity / pregnancy and maternity / sexual orientation.

8) Ensure approved patient information is available for staff to print from the internet to hand out to patients/carers.

9) Ensure approved patient information is available for patients and carers via the Trust’s website.

10) Alert authors/services when leaflets are due for review.

11) Ensure all electronic copies of patient information are version controlled and filed with dates recorded of when this happens.

The availability of high quality and accessible information underpins effective communication between staff and patients.

The purpose of providing relevant, up-to-date, accurate and high-quality information to patients and carers is to:

- Support people to make informed choices about their care and treatment.
- Improve understanding about the services available and their appropriate use.
    - Support the process of gaining informed consent (written information can support but not replace a dialogue with a patient about their individual care).
    - Provide all people who need to use the Trust’s services with equal access to information.

- Provide information regarding lifestyle changes/choices.

The information needs of patients and their preferred methods of communication must always be considered by Trust staff when preparing information. In 2016 the ‘Accessible Information Standard’ was launched and has now been superceded by the reasonable adjustment digital flag. This directs and defines a specific, consistent approach to identifying, recording, flagging, sharing, and meeting the information and communication support needs of patients, service users, carers, and parents, where those needs relate to a disability, impairment, or sensory loss. The Standard is a legal requirement and applies to service providers across the NHS and adult social care system. Effective implementation requires organisations to make changes to policy, procedure, human behaviour and, where applicable, electronic systems.

Organisations must follow the Standard and complete five distinct stages or steps leading to the achievement of five clear outcomes:

1. Identification of needs
2. Recording of needs
3. Flagging of needs
4. Sharing of needs
5. Meeting of needs.

To this end, the following must be recorded in patient records:

- The information given to service users, their families, and carers at key points on their care pathway
- The format the information was provided in to meet the needs of the patient
- If a patient information leaflet has been provided to the service user, family, or carer to support such discussions, this should be clearly documented in the health care record stating the full title and version number. Where practical a copy of the leaflet should be retained in their record
- Where a service user makes clear (verbally or non-verbally) that they do not wish to be given this level of information, this too should be documented in their health records

Remember, if it is not documented, the discussion did not take place.

3.0 Policy Requirements

- Provides a documented process for the identification and development of written patient/carer information.

- Supports a consistent approach to the development of that information.
- Aims to raise the standard of written information available to the patient/carer.
- Supports equal access to information.
- Supports compliance with Care Quality Commission (CQC) Fundamental Standards, the Equality Act 2010, the reasonable adjustment digital flag and WCAG 2.1 and 2.2 for digitally published information.

This policy refers to all written patient/carer-facing information that is produced by the organisation as defined in 1.5 of this policy.

Core standards to produce patient information are taken from the National NHS Identity Guidelines https://www.england.nhs.uk/nhsidentity/

4.0 Duties within the Organisation

4.1 Policy Author

- to make all staff aware of this policy via e-newsletter and divisional newsletters and ensure its timely review

4.2 Directorate directors and heads of service are responsible for ensuring there is:

- a robust service line clinical governance mechanism is in place for leaflet sign-off prior to directorate PCEG overview/sign-off.
- an allocated budget for providing patient information in a different language or format if a patient's communication needs necessitate the need for it in-line with the Trust's Interpretation and Translation Policy.

4.3 Directorate clinical governance teams:

- Provide overview and sign-off for individual leaflets, ensuring that patient information produced within the directorate has been done so using the Trust's leaflet template: Word-leaflet-template-2025-FINAL.docx
    - Ensure leaflets generated within the directorate go through clinical governance sign-off process as determined by the directorate, and that all criteria on the governance patient information checklist: https://staffnet.leicspart.nhs.uk/wp-content/uploads/staff-directory/Clinical-Governance-patient-information-leaflet-checklist.docx have been met.
    - Maintain the register of patient information for their directorates, which details the leaflet's unique number (as defined by the individual authors and available on the back of each leaflet) together with review dates and edition number whenever a leaflet is updated.

4.4 Managers/team leaders/clinical leads are responsible for:

Ensuring that patient information provided by their team has been developed/reviewed in accordance with this policy and therefore:

- contains up-to-date, accurate information based on latest evidence/research which reflects current LPT practice and policy
- has been co-designed with the target audience.
- has been produced on the leaflet template Word-leaflet-template-2025-FINAL.docx
- and written in accordance with LPT's writing style: https://staffnet.leicspart.nhs.uk/support-services/communications/lpt-writing-style-guide/
- complies with copyright law relating to any images used: https://staffnet.leicspart.nhs.uk/support-services/communications/using-pictures-and-or-photos-in-your-communications/using-pictures-in-your-communications/
- has followed the service line clinical sign-off route prior to going to directorate clinical governance.

Managers must ensure staff are trained on the Accessible Information Standard and reasonable adjustments digital flag (available on ULearn) as required for their role.

Ensuring that all staff are aware that they need to record in the patients' notes what verbal or written information is given to patients and in what format, (if they have been identified as having a communication barrier). The Reasonable Adjustment Template in the patient's individual record on SystmOne must be checked and adhered to.

If a challenge is made to the consent process or treatment later, the information documented as having been provided to the patient at the time needs to be determined.

Identifying funding for printing and/or alternative formats as needed.

4.5 Responsibility of staff

- To undertake training relating to the Accessible Information Standard and reasonable adjustments digital flag (available on ULearn), as required for their specific role.

- To engage with patients/service users and carers prior to developing any patient/carer information to ensure the principles of co-design are adhered to and that the information produced is what is needed. Acceptable methods of engagement are:

- Over the course of a week, ask individual patients/carers at their appointments what information they feel they need (in addition to the information on the guidance checklist)
- Consult with the patient/service user/carer group if there is one

- Draft the information you think is needed (based on frequently asked questions/the relevant guidance checklist/anecdotal evidence) and pilot it with the target audience to make sure you cover everything that is needed.

  - Use the MS Word leaflet template to compile any new information leaflet: Word-leaflet-template-2025-FINAL.docx
  - To review existing leaflets when appropriate – by copying existing information into the MS Word leaflet template and following the sign-off process detailed in this policy
  - To get line manager/clinical lead sign off for the information prior to sending it to the reader panel and then directorate clinical governance
  - To write information in accordance with the Trust’s guidance: https://staffnet.leicspart.nhs.uk/support-services/communications/lpt-writing-style-guide/
    - To record in the patients’ notes what verbal or written information is given to patients and in what format if they have been identified as having a communication barrier. The Reasonable Adjustment Template in the patient’s individual record on SystmOne must be checked and adhered to.
      - If a challenge is made to the consent process or treatment later, the information documented as having been provided to the patient at the time needs to be determined
  - Identify any information currently in use that is not up-to-date, does not comply with copyright law (Using pictures in your communications (leicspart.nhs.uk), is not accurate (does not satisfy this policy) is not appropriate for the target audience and alert line manager
  - Ensure that any images used are either copyright free or that you have taken them yourself/have been taken by LPT (with relevant consent) or you have written (emailed) permission from the copyright holder to use them for the intended purpose. For guidance see: Using pictures in your communications (leicspart.nhs.uk), If in doubt leave them out. You must ensure that any images/diagrams or logos have alternative text included (right click on image>view alt text) that fully explains what the image depicts.
  - Check whether the information needed already exists/can be adapted with the written permission of the copyright holder.
  - Ensure any patient information they develop adheres to this policy, the general guidance for written information: https://staffnet.leicspart.nhs.uk/support-services/communications/lpt-writing-style-guide/ the relevant guidance checklist (Appendices 6.1 – 6.5) and is put through the appropriate service line and clinical governance route
  - Use Co-Pilot to make the information accessible to a UK reading age of 11. Copy all text from your leaflet into Co-pilot and ask “please rewrite this information making sure it has a UK reading age of 11 years without missing any

information”. You must check the information generated by Co-pilot thoroughly, making sure nothing has been missed.

- Once complete you will need to do an accessibility check and address any issues raised (click on review>check accessibility> check accessibility).
  More information about Word accessibility can be found on the Microsoft support website as well as information about the Word accessibility checker.
- Determine any barriers to communication specific to the intended target audience (for example, people with learning disabilities – need an easy read version and appropriate language and information will need to be included if your information is for children or young people) – meeting accessible information needs
- To inform the review process, clinicians and distributors should ask for target audience evaluation whenever opportunity allows on an on-going basis.
- Ensure any changes necessary to the information prior to its review date are based on latest evidence/research and are checked for accuracy by a clinician or service manager/team leader and any updates are communicated to the directorate clinical governance team:
    - DMH: lpt.dmhclinicalgovernance@nhs.net
    - CHS: lpt.chsgovernance@nhs.net
    - FYPC.LDA: lpt.fypcldgovernance@nhs.net
- Determine how the information will be distributed, by whom, and at what stage of the care pathway (for example: handed to patient by clinician, posted or e-mailed/discussed with patient/carer at appointment through interpreter if appropriate).
- Arrange external printing if necessary – or ensure that any photocopies are of good quality.
- Record points of dissemination to ensure that previous versions can be replaced when a new edition is released, or the information withdrawn for any reason.
- Give out patient information to patients, their carers or people who use our services and visitors.
- Undertake any amendments advised by service managers/clinical leads/team leaders/directorate clinical governance groups as part of this policy prior to submission to the directorate clinical governance.

4.6 Support for co-design/patient involvement

Support for any co-design/patient involvement is available from the patient experience and involvement team (such as focus groups and the readers panel). Please contact them. E: lpt.patient.experience@nhs.net or Tel: 0116 295 0830

4.7 Responsibility of Clinical Staff

All clinical staff to check The Reasonable Adjustment Template of any patient's SystmOne record.

Complete The Reasonable Adjustment Template (if not already completed)

Review and update this record whenever appropriate

Adhere to the reasonable adjustment digital flag

Record any information provided to the patient/carer (and in what format – e.g., verbal, leaflet number, easy read etc) on the patient record.

5.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision.

6.0 Monitoring Compliance and Effectiveness

Page / Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
10 (4.3)	To make sure that all information has been signed-off by service line clinical lead/group	Part of directorate clinical governance process	Clinical governance as defined within individual directorate	At directorate PCEG sign-off for individual leaflet
10 (4.4)	To ensure that patient records are maintained and show what verbal or written information is given to patients and in what format	Audit in line with the Record Keeping and the Management of the Quality of Health Records Policy	Records Information Governance Group/ Clinical Audit team/ directorates	

Page / Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
10 (4.3)	• To ensure patient information has been developed on the leaflet template to ensure compliance with divisional, corporate, and national styles/ branding regulations. • That the accessible information statement is included. • That the author has declared that copyright law has been adhered to on the patient information tracking form.	Part of Directorate PCEG approval/sign-off to check	Directorate PCEG	At directorate PCEG sign-off for individual leaflet

7.0 References and Bibliography

The policy was drafted with reference to the following:

Reasonable adjustment digital flag

LPT’s Record Keeping and the Management of the Quality of Health Records Policy

LPT’s Consent to Examination or Treatment Policy LPT’s Communication Toolkit https://staffnet.leicspart.nhs.uk/wp-content/uploads/staff-directory/Communications-toolkit-September-2018.pdf – patient information LPT’s Inclusive Communication Guidance

8.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1 The process for producing Patient Information

In order to adhere to website accessibility regulations governing all statutory agencies in the UK, all leaflets must be formatted in Microsoft Word using the permitted styles on the leaflet template and the built-in accessibility checker https://support.microsoft.com/en-gb/office/make-your-word-documents-accessible-to-people-with-disabilities-d9bf3683-87ac-47ea-b91a-78dcacb3c66d

Author identifies need for leaflet and identifies audience and any specific communication needs for target group.

Author checks if information already exists (condition specific information available from: https://www.nhs.uk/conditions/ (text can be copied and adapted if referenced, but images cannot be used) https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems (any leaflet must be printed in its entirety or link provided to patient/carer- thus acknowledging RCPSYCH's copyright).

The process for producing patient information has changed.

Patients and carers should be involved in any new or reviewed leaflets.

Need to make changes to an existing leaflet?

Please copy and paste text from the pdf into the leaflet template and use the styles to format the text (essential to satisfy accessibility regulations).

Then follow the process below.

Need to produce a new patient facing leaflet?

1 Consider your content (refer to Appendices 6.1 – 6.5).

2 Download the leaflet template: Word-leaflet-template-2025-FINAL.docx

3 Input your information using the template – only use the styles available on the template (this is imperative to satisfy accessibility regulations).Use a meaningful title for your file as well as the leaflet's unique reference number (for example: Guide to physiotherapy based Pilates CHS/MSK/608)

   a. Write following LPTs style: https://staffnet.leicspart.nhs.uk/support-services/communications/lpt-writing-style-guide/
   b. Follow guidance regarding pictures: https://staffnet.leicspart.nhs.uk/support-services/communications/using-pictures-and-or-photos-in-your-communications/using-pictures-in-your-communications/
   c. You will need to keep the number of pages to multiples of four (4,8,12,16 etc) for printing purposes. Always make sure that page 16 of the template (accessibility statement/review details) is the final page (deleting or adding blank pages as necessary).
   d. To comply with accessibility requirements – use only the text styles within the template (click on home>styles to show list).
   e. On the bottom right hand side of back page you will need to enter a unique leaflet number. This should follow this abbreviated formula:

Directorate/Service/individual number/reference (for example: CHS/MSK/1).

   f. Once complete you will need to do an accessibility check and address any issues raised (click on review>check accessibility> check accessibility). For guidance please see: https://support.microsoft.com/en-gb/office/make-your-word-documents-accessible-to-people-with-disabilities-d9bf3683-87ac-47ea-b91a-78dcacb3c66d

https://support.microsoft.com/en-gb/office/improve-accessibility-with-the-accessibility-checker-a16f6de0-2f39-4a2b-8bd8-5ad801426c7f#PickTab=Windows

The use of Co-pilot

Co-pilot can be used – copy all text from your leaflet into Co-pilot and ask "please rewrite this information making sure it has a UK reading age of 11 years without missing any information" – you will need to check the information that Co-pilot provides, to make sure it hasn't missed anything.

4 Once complete, email the leaflet to your service line manager/steering group for sign off.

5 If you have not included patients/carers from your target audience in the co-design of the information in your leaflet, – email your completed leaflet to the reader panel for their comments: lpt.patient.experience@nhs.net FAO reader panel (allow two weeks for their comments).

6 Address any comments from the reader panel and respond to lpt.patient.experience@nhs.net to let them know what has been addressed and the reasons for not addressing anything you haven't.

7 Complete the clinical governance patient information checklist, ensuring that all criteria on the list is met: https://staffnet.leicspart.nhs.uk/wp-content/uploads/staff-directory/Clinical-Governance-patient-information-leaflet-checklist.docx have been met

8 Email your leaflet, together with the completed clinical governance patient information checklist to the relevant clinical governance team:

- DMH: lpt.dmhclinicalgovernance@nhs.net
- CHS: lpt.chsgovernance@nhs.net
- FYPC.LDA: lpt.fypcldgovernance@nhs.net

9. Once approved by directorate clinical governance you will need to ask your web administrator to upload your document to the public website and create a link to a it on the relevant service page (resources section).

Author to arrange for any previous versions to be withdrawn and print/dissemination (including upload to SystmOne if appropriate).

Appendix 2 Training Needs Analysis

There are no particular training needs identified for producing patient information – templates and writing guidance is provided, but advice, guidance and leaflet workshops are available from: lpt.patientinformation@nhs.net

Training for both the Accessible Information Standard and the reasonable adjustment digital flag are available on ULearn

Training topic:	Patient Information	
Type of training: (See study leave policy)	Role specific	
Directorate to which the training is applicable:	X Mental Health X Community Health Services X Enabling Services X Families Young People Children / Learning Disability/ Autism Services, Hosted Services	
Staff groups who require the training:	Accessible Information Standard and Reasonable adjustment digital flag training applicable to any staff with face-to-face patient contact and those updating patient records.	
Regularity of Update requirement:	Dependent on national drivers regarding the reasonable adjustment digital flag	
Who is responsible for delivery of this training?	ULearn	
Have resources been identified?	ULearn training	
Has a training plan been agreed?	E-learning on ULearn	
Where will completion of this training be recorded?	ULearn	
How is this training going to be monitored?	By managers on U-Learn.	
Signed by Learning and Development Approval name and date	Alison O Donnell	Date: May 2024

Appendix 3 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families, and their carers	Y
Respond to different needs of different sectors of the population	Y
Work continuously to improve quality services and to minimise errors	Y
Support and value its staff	Y
Work together with others to ensure a seamless service for patients	Y
Help keep people healthy and work to reduce health inequalities	Y
Respect the confidentiality of individual patients and provide open access to information about services, treatment, and performance	Y

Appendix 4 Due Regard Screening Template

Section 1	
Name of activity/proposal	The development and review of patient information
Date Screening commenced	July 2023
Directorate / Service carrying out the assessment	Enabling – Patient Experience and Involvement
Name and role of person undertaking this Due Regard (Equality Analysis)	Di Graham – Patient Information Specialist
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: Update of patient information policy	
OBJECTIVES: To ensure that any patient information leaflets produced by LPT have gone through due process to ensure quality and legislative requirements are met. That information provided is up-to-date, clinically accurate, reflects Trust policies, is provided to individuals in the most accessible format for them and that this is recorded in the patient record.	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	The proposal supports equality in the provision of patient information in the most accessible format to the individual.
Disability	
Gender reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	
Religion and Belief	
Sex	
Sexual Orientation	
Other equality groups?	

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
Yes	No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4. ✓

Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Implementation of this policy should not have a negative impact on any protected characteristics. It ensures that differing communication needs/barriers to accessing written communication are considered and addressed.			
Signed by reviewer/assessor	Diane Graham	Date	April 2024
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		Date	April 2024

Appendix 5 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**Patient Information Policy**	
Completed by:	**Di Graham**	
Job title	**Patient Information Specialist**	**Date: April 2024**

Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via
Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	**N/A**
Date of approval	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Appendix 6.1 Guidance checklist for information about Conditions and Treatments

Use NHS Choices as a starting point for getting this information.

☐ What is the leaflet about? Who is it for?

☐ What condition is being described?

☐ What causes this condition? If the cause is unknown, say so.

☐ How common is it? Provide statistical information if available (but always reference where you got it from and the date - NHS Choices is a good source)

☐ Does anything increase the risk, for example, age, sex, ethnic origin, or family history?

☐ What are the signs and symptoms?

☐ Are there any tests or examinations needed to confirm the diagnosis?

☐ What treatments are available? As well as explaining the treatment offered in depth, as part of patient choice – we must mention any treatments which may be available elsewhere (i.e., not provided by LPT) and provide details of where more information about these can be obtained from (check NHS Choices)

☐ What are the benefits of having the treatment?

☐ What are the side effects and risks/complications associated with treatment?

☐ What are the side effects and risks/complications of not receiving treatment?

☐ What are the next steps?

☐ What can patients do for themselves?

☐ Are there other implications, for example, infecting other people?

☐ Who can they contact if they have any more questions?

☐ Patients will need to know where they can find more information – for example, support groups and websites.

Appendix 6.2 Guidance checklist for information about Operations, Treatments, and Investigations

Use NHS Choices as a starting point for getting this information.

☐ What is the leaflet about and who is it for?

☐ What is the procedure (e.g., type and details of the operation or investigation involved)? Provide in depth information - how long does it last? What does it feel like? Where possible include information about what information clinicians will be hoping to gain from this investigation.

☐ Why do patients need this procedure? Give the benefits and alternatives where appropriate. As part of patient choice – we must mention any procedures/treatments which may be available elsewhere (i.e., not provided by LPT) and provide details of where more information about these can be obtained from (check NHS Choices).

☐ Explain the benefits/risk and complications of having this procedure/treatment/investigation.

☐ Explain the benefits/risk and complications of not having this procedure/treatment/investigation.

☐ What preparation do patients need or not need?

☐ Do patients need a general anaesthetic, sedation, or local anaesthetic?

☐ What happens when patients arrive at the hospital or the clinic? Who will they meet?

☐ Is the venue wheelchair accessible? If the procedure/treatment is delivered from several sites and any are not accessible, provide a telephone number for people to use if they need to be seen at a site which has wheelchair access.

☐ Will they be asked to sign a consent form, or is verbal consent required?

☐ How successful is the procedure usually? Provide statistics if known and always reference their source.

☐ What happens after the procedure in terms of pain control, nursing checks and stitches?

☐ How long will patients need to stay in hospital?

☐ Do patients need someone with them or any special equipment when they go home?

☐ What care is needed at home?

☐ What follow-up care is needed? Do patients need to visit their doctor?

☐ What can go wrong? What signs should patients look out for? What should they do if something does go wrong?

☐ When can patients resume their normal activities, for example, driving, sport, sex, or work?

☐ Who can patients contact if they have any further questions?

☐ Where can people find more information, for example from support groups and websites?

Appendix 6.3 Guidance checklist for information about Services

- ☐ Patients will need the phone number, address and website of the organisation delivering the service.
- ☐ Is the site (where the service is delivered from) wheelchair accessible. If the service is delivered from several sites, provide a telephone number for people to use if they need to be seen at a site which has wheelchair access.
- ☐ How will you describe the service?
- ☐ It might be useful to start your description of the service where the patient would start – at the beginning. For example, a leaflet about transport might start with how to book it (including an accompanying phone number).
- ☐ Who is eligible for the service?
- ☐ How do people access the service? Provide details (for example you can refer yourself by…. Or your GP needs to refer you to this service.
- ☐ Explain where patients need to go and how to find the service in question.
- ☐ Are maps needed? If so, provide one – See communications toolkit.
- ☐ When is the service available?
- ☐ Is there a waiting time?
- ☐ How often do patients need to attend? What if they cannot attend all sessions? What impact will it have on their treatment?
- ☐ Is equipment or special clothing needed to access the service?
- ☐ Do patients need to bring any documents?
- ☐ Who should patients contact if they cannot attend?
- ☐ What is and isn’t available or part of the service? Make a clear distinction.
- ☐ Are interpreters needed? Provide details of who to contact should the service user need an interpreter and when they should make this contact (i.e., prior to any appointment)
- ☐ Are any costs involved?
- ☐ Are there any advantages or disadvantages that need to be explained?
- ☐ Who should patients contact (include a phone number) and when? Give clear instructions, for example, from 9am to 5pm, Monday to Friday.

Appendix 6.4 Guidance checklist for information about Medication

☐ What medication are you describing and what is it for?

☐ It is important to explain that any information in your leaflet should be read alongside patient information supplied by the medication manufacturer.

☐ How is the medication given?

☐ How often should it be given?

☐ What should patients avoid when taking a particular medication?

☐ What are the side effects? Explain that different people may react differently to the same medication.

☐ What should people do if the medication is not properly administered?

☐ You will need to remind patients to tell the clinician who prescribes their medication about any other medication they are taking.

☐ You will need to provide advice on storing medication, for example, ‘out of reach and sight of children,’ ‘in the fridge’ and ‘out of the sunlight.’

☐ Where can patients get repeat prescriptions? Provide advice/details.

☐ It is important to provide a contact telephone number (of the pharmacy, specialist nurse, doctor or NHS Direct) for more information, and for people who have concerns about side effects.

Appendix 6.5 Guidance checklist for information about Health Improvement

☐ Aim of the information

☐ Target audience

☐ Is this a local resource for a regional or national campaign? Check to see if a template/information for locally tailored information exists.

☐ Make sure that the information reflects latest thinking and does not contradict national advice/recommendations.

☐ Who could benefit? Impact on quality of life both immediate and long-term. (Extending likelihood of independence / adding life to years…)

☐ Benefits of taking action/consequences of not acting

☐ Are there any risks? If so, explain them and how they can be minimised.

☐ Cost savings/implications – include details of savings to client and/or cheaper/free alternatives to ensure equity.

☐ Are the individual agencies/authors involved in its production clearly stated on the leaflet?

☐ Does the leaflet include further contact information (including websites)?